

2116

N. B. - In case of more than one child at a time, a SEPARATE form must be filled out for each, and the number of each in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>135</u>
District of <u>Globe</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>962</u>
Town of _____			Local Registrar No. _____
or			
City of _____	No. _____	St. _____ Ward _____	
2. Full name of child <u>Robert William Bearers</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child <u>M</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth <u>2</u>		7. Date of birth <u>Dec 4 - 24</u>	Month Day Year
8. FATHER Full name <u>Robert Lee Bearers</u>		14. MOTHER Full maiden name <u>Lena Helm</u>	
9. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state.		15. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state.	
10. Color or race <u>W</u>	11. Age at last birthday <u>35</u> (Years)	16. Color or race <u>W</u>	17. Age at last birthday <u>31</u> (Years)
12. Birthplace (city or place) <u>N. M.</u> (State or country)		18. Birthplace (city or place) <u>Tex</u> (State or country)	
13. Occupation <u>Mechanic</u> Nature of industry		19. Occupation <u>Housewife</u> Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum?	
(a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>6</u> (c) Stillborn <u>6</u>		<u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4:30 P.</u> m. on the date above stated			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>R. D. Kennedy</u> (Physician or midwife).	
Address <u>Globe</u>			
Given name added from a supplemental report _____ Month, day, year		Filed <u>12-7-24</u> <u>B. G. Jay</u> Local Registrar.	
Registrar _____		Filed <u>1-6-25</u> <u>B. G. Jay</u> County Registrar.	

922-1204-384